

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN461ASC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/06/2008
NAME OF PROVIDER OR SUPPLIER SURGERY CENTER OF RENO, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 343 ELM STREET, SUITE 100 RENO, NV 89503			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
A 00	INITIAL COMMENTS This Statement of Deficiencies was generated as a result of a focused State Licensure survey conducted at your facility on 3/6/08. The survey was conducted using Nevada Administrative Code (NAC) 449, Surgical Centers for Ambulatory Patients. Findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions, or other claims for relief that may be available to any party under applicable federal, state, or local laws. The following regulatory deficiencies were identified.	A 00			
A 10 SS=C	NAC 449.980 Administration The governing body shall ensure that: 7. The center adopts, enforces and annually reviews written policies and procedures required by NAC 449.971 to 449.996, inclusive, including an organization chart. These policies and procedures must: (a) Be approved annually by the governing body. This Regulation is not met as evidenced by: Based on record review and interview on 3/6/08, the governing body failed to review written policies and procedures annually. Findings include: The facility's policies and procedures manual was reviewed. The manual contained documentation that the governing body last approved the policies	A 10	The Policies and Procedures will be reviewed annually by the governing body. The next Board of Directors meeting will be March 26, 2008 at 6 pm. The Policies and Procedures will be reviewed and approved at this time. The Policy and Procedure review will be annually From this point forward.		3/26/08

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

UNF111

Administrators
TITLE

(X6) DATE

3/12/08

RECEIVED

If continuation sheet 1 of 2

MAR 19 2008

BUREAU OF LICENSURE
AND CERTIFICATION
CARSON CITY, NEVADA

Addendum to Plan of Correction
for Surgery Center of Reno:

This action will be documented in
the Board of Director Meeting
minutes and appropriately in the
Policy and Procedure Manual.
The Administrator, Anne Roberts,
will be the responsible party.

RECEIVED

MAR 19 2008

BUREAU OF LICENSURE
AND CERTIFICATION
CARSON CITY, NEVADA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN461ASC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/06/2008
NAME OF PROVIDER OR SUPPLIER SURGERY CENTER OF RENO, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 343 ELM STREET, SUITE 100 RENO, NV 89503		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 10	Continued From page 1 and procedures on 2/1/06. The administrator reported the governing body reviewed the policies and procedures every two years. Severity: 1 Scope: 3	A 10		
A154 SS=C	NAC 449.9895 Sterilization 4. The efficiency of the method of sterilization used must be checked not less frequently than once each month by bacteriological tests. Records of the results of these tests must be maintained by the center for at least 1 year. This Regulation is not met as evidenced by: Based on interviews on 3/6/08, the facility failed to document bacteriological tests. Findings include: Two instrument technicians reported the facility used Cidex OPA to process metal laryngoscope blades. The technicians stated they tested the solution every day with indicator strips to determine if the solution was still effective. The technicians reported that they did not record the results of the daily testing. Severity: 1 Scope: 3	A154	The results of daily testing of the Cidex OPA is now being documented in a log. The documentation log was instituted on 3/6/08.	3/6/08

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

STATE FORM

6899

UNF111

If continuation sheet 2 of 2

RECEIVED
MAR 19 2008
BUREAU OF LICENSURE
AND CERTIFICATION
CARSON CITY, NEVADA

Addendum to Plan of Correction
for Surgery Center of Reno:

This log will be included in the month end review of documentation logs to ensure compliance by the OR manager, April Woodward. A summary report will be included in the monthly report to the Quality Improvement Committee. This Committee reports to the Medical Executive Committee and the Board of Directors.

RECEIVED

MAR 19 2008

BUREAU OF LICENSURE
AND CERTIFICATION
CARSON CITY, NEVADA